DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

File

FORM APPROVED
OMB NO. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: **HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER: 01 — 0 0 7

2. STATE: **Rhode Island**

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
1/01/01

5. TYPE OF PLAN MATERIAL *(Check One)*:

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT *(Separate Transmittal for each amendment)*

6. FEDERAL STATUTE/REGULATION CITATION:
Section 1902 (a) (55) of the Social Security Act

7. FEDERAL BUDGET IMPACT:
a. FFY 2001 $ 252,000
b. FFY 2002 $ 259,560

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Section 2.1, page 11a

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*:
New

10. SUBJECT OF AMENDMENT:

Applications/Outstationing

11. GOVERNOR'S REVIEW *(Check One)*:

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
☒ OTHER, AS SPECIFIED:
See attached letter.

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME: **Christine C. Ferguson**

14. TITLE: **Director**

15. DATE SUBMITTED: 3/15/01

16. RETURN TO:

Dorothy Karolyshyn
Department of Human Services
600 New London Avenue
Cranston, RI 02920

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 3-20-01

18. DATE APPROVED: 4-4-01

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: 01-01-01

20. SIGNATURE OF REGIONAL OFFICIAL: Margaret Heroi for

21. TYPED NAME: Ronald Preston

22. TITLE: Associate Regional Administrator

23. REMARKS:

State: Rhode Island

Citation		
1902(a)(55)	2.1(d)	The Medicaid agency has procedures to take applications, assist applicants, and perform initial processing of applications from those low income pregnant women, infants, and children under age 19, described in Section 1902(a)(10)(A)(I)(IV), a(10)(A)(I)(VI), and (a)(10)(A)(ii)(IX) at locations other than those used by the title IV-A program including FQHCs and disproportionate share hospitals. Such application forms do not include the AFDC form except as permitted by HCFA instructions.